U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

CERTIFIED MAIL 7002 3150 0000 9242 4106 FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

1. File Number U - 2290	2. Fiscal Year Covered From:		
Million and American and Town consort I	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Randall W Brown	Name Plumbers & Steamfitters UA Local 136		
	Labor Organization File Number $043-439$		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2300 St. Joseph Industrial Park Dr.	Street 2300 St. Joseph Industrial Park Dr.		
City Evansville	City Evansville		
State Indiana ZIP Code + 4 477201251	State Indiana ZIP Code + 4 477201251		
5. Position in labor organization. Business Manager			
	usions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of ion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
	gramman and consistent and consisten		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
signed Canada Usa as	On 8/5/05 (812) 423-8043		
Signed Many Show	On 070700 (012) 420-0040 Telephone Number		

Name of Person Filing Randall W. Brown	Pile Number 0-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Namo Pipe Trades Industry Health & Welfare Plan	a. Labor Organization		
Trade Name, if any:	X b. Trust		
P.O. Box, Bldg., Room No., if any P.O. Box 3040	c. Employer		
Street 8838 E. Milner Avenue			
_{City} Terre Haute			
State Indiana ZIP Code + 4 478039796			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Pipe Trades Industry Health & Welfare Plan Trust	The Plan/Trust provides Health and Life Insurance coverage for employees		
Trade Name, if any:	(active and retired) of the Labor		
P.O. Box, Bldg., Room No., if any P.O. Box 3040	Organization I represent.		
Street 8838 E. Milner Avenue	11.b. Approximate dollar value of such dealing.		
^{City} Terre Haute	12.a. Nature of interest held or income received.		
State Indiana ZIP Code + 4 478039796	Reimbursement of Meeting Expenses January 1, 2004		
	12.b. Amount. \$86		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	 		
Street			
City			
State ZIP Code + 4			
	14 b Amount of payment		

?

or Consultant

13.b. Is the Business an Employer

or from any labor relations consultant 13.a. Name and address of Employer or (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

12,b. Amount.

\$73_

Name of Person Filing Randall W. Brown		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Pipe Trades Industry Health & Welfare Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 3040 Street 8838 E. Milner Avenue City Terre Haute State Indiana ZIP Code + 4 478039796	9. Business deals with: a. Labor Organization X b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.	
Name Pipe Trades Industry Health & Welfare Plan Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 3040	Insurance cov	st provides Health and Life erage for employees etired) of the Labor I represent.	
Street 8838 E. Milner Avenue	11.b. Approximate dollar valu	of augh dealing	
OTA		Process and control to design any property appropriate property appropriate process and a control to account of	
UN Towns Linute	40 - Ni-4		
City Terre Haute State Indiana ZIP Code + 4 478039796	Reimburseme July 29, 200	nt of Meeting Expenses	
The state of the s	Reimburseme July 29, 200	nt of Meeting Expenses	
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The state of the s	Reimburseme July 29, 200 12.b. Amount. r parts A and B above)	nt of Meeting Expenses	
State Indiana ZIP Code + 4 478039796 C. Received from any employer (other than an employer covered under	Reimburseme July 29, 200 12.b. Amount. r parts A and B above)	nt of Meeting Expenses	
State Indiana ZIP Code + 4 478039796 C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	Reimburseme July 29, 200 12.b. Amount. r parts A and B above) or other thing of value.	nt of Meeting Expenses	
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State Indiana ZIP Code + 4 478039796 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Reimburseme July 29, 200 12.b. Amount. r parts A and B above) or other thing of value.	nt of Meeting Expenses	

me of Person Filing Randall W. Brown		File Number U-	
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8. Name and address of Business (including trade name, if any). Name Pipe Trades Industry Health & Welfare Flan Trade Namo, if any: P.O. Box, Bldg., Room No., if any P.O. Box 3040 Street 8838 E. Milner Avenue City Terre Haute, State Indiana ZIP Code + 4 478039796	9. Business deals with: a. Labor Organiza X b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Pipe Trades Industry Health & Welfare Plan Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 3040 Street 8838 E. Milner Avenue City Terre Haute State Indiana ZIP Code + 4 478039796	Insurance cov (active and r Organization 11.b. Approximate dollar valu 12.a. Nature of interest held	ust provides Health and Life verage for employees retired) of the Labor I represent. Due of such dealing. If of Meeting Expenses	
	12.b. Amount.	\$30	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Randall W. Brown	1 10	rumber 0-	
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8. Name and address of Business (including trade name, if any). Name CGM Computer Consulting, LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 519 Street 1100 W. Lloyd Expressway City Evansville State Indiana ZIP Code + 4 477081184	9. Business deals with: X a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	programming, ne	nputer consulting, etworking, web design, the Labor Organization	
Street City ZIP Code + 4	gross income wh		
C. Received from any employer (other than an employer covered unde	12.b. Amount.	\$4465	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	or other thing of value. 14.a. Nature of payment.		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			

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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	e of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held	d or income received.	
	12.b. Amount.	***************************************	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Mechanical Contractors Assn. of Indiana, Inc. Trade Name, if any: MCAI P.O. Box, Bldg., Room No., if any P.O. Box 20425 Street 2509 East 54th Street City Indianapolis State Indiana ZIP Code + 4 462200425	r parts A and B above) or other thing of value. 14.a. Nature of payment. Mechanical (Southern	Contractors As Indiana Chris th spouse on	stmas Party
13.b. Is the Business an Employer or Consultant ? Contractor Association	14.b. Amount of payment. Estimate	d Value	\$80